

I. CALCULATION OF APPLICATION FEE				
	Number Filed	Number Extra	Rate	Basic Fee \$740.00/370.00
Total Claims	32- 20 =	12x	\$18.00/ \$9.00	\$ 216
Independent Claims	13- 3 =	10x	\$84.00/ \$42.00	\$ 840
<input type="checkbox"/> Multiple Dependent Claims	If marked, add fee of \$280.00 (\$140.00)			\$
				TOTAL: \$ 1796.00

Small entity status is or has been claimed. Reduced fees under 37 C.F.R. §1.9 (f) paid herewith  
\$ \_\_\_\_.

A check in the amount of \$\_\_\_\_ in payment of the application filing fees is attached.

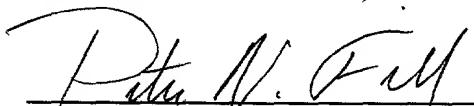
Charge fee to Deposit Account No. 13-4500, Order No. 4208-4026. A DUPLICATE COPY OF THIS SHEET IS ATTACHED.

The Commissioner is hereby authorized to charge any additional fees which may be required for filing this application pursuant to 37 CFR §1.16, **including all extension of time fees pursuant to 37 C.F.R. § 1.17 for maintaining copendency** with the parent application, or credit any overpayment to Deposit Account No. 13-4500, Order No. 4208-4026. A DUPLICATE COPY OF THIS SHEET IS ATTACHED.

Respectfully submitted,  
MORGAN & FINNEGAN, L.L.P.

Dated: October 10, 2001

By:

  
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): Markus Lindqvist, et al.

Group Art Unit: TBA

Serial No.: TBA

Examiner: TBA

Filed: October 10, 2001

For: A SYSTEM AND METHOD FOR LOCATION BASED WEB SERVICES

**EXPRESS MAIL CERTIFICATE**

Express Mail Label No.: **EJ606933421US**

Date of Deposit: **October 10, 2001**

I hereby certify that the following attached paper(s) and/or fee

1. Utility Application and Fee Transmittal (2 copies);
2. Combined Declaration and Power of Attorney Form;
3. Patent Application (40 pgs. of Specs., 6 pgs. of Claims, 1 pg. Abstract);
4. Fourteen Sheets of Informal Drawings (Figs. 1-14); and
5. Return Receipt Postcard.

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above and is addressed to the Commissioner for Patents, Washington, D.C. 20231.

**Jesus Raul Remedios**

(Typed or printed name of person mailing paper(s) and/or fee)

(Signature of person mailing paper(s) and/or fee)

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